



Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

An Education Program from ACCC's Center for Provider Education

Developing a Culture of Nutrition at a Community Cancer Center

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St. Luke's Health System

Mountain States Tumor Institute

Objectives

- Define a “culture of nutrition”
- Name the factors that impact nutrition in oncology patients
- List the reasons malnutrition should be identified and treated in oncology patients
- Identify barriers to nutrition care
- Tools and resources available to enhance oncology nutrition practice and skill sets
- Strategies to increase oncology nutrition awareness

The “Culture of Nutrition”

- The big picture in an oncology clinic:
Who is impacted by the way your clinic monitors nutritional status?
- Who could be providing nutrition surveillance?
Nutrition intervention?
- Moving to proactive nutrition
- Win-Win instead of crash and burn nutrition consultation

Nutrition in the Cancer Patient

- Changes in care
- Outpatient setting
- Multiple treatments
- Cancer side effects
- Treatment side effects
- Lengthy healing process



Impact of Cancer on Metabolism

- Carbohydrate: glucose intolerance, insulin resistance, gluconeogenesis, increased use of energy (Cori cycle)
- Protein: depletion of lean tissue mass due to increased tumor demand, decreased host protein synthesis, protein loss
- Fats: increased fat mobilization and break down, decreased lipase activity, decreased fat synthesis

Mattox

Treatment Effects on Nutrition

- Nausea, vomiting
- Diarrhea, constipation
- Dysphagia
- Reflux
- Taste alteration
- Anorexia
- Dry mouth, thick saliva
- Sore mouth/throat
- Surgery
- Chemotherapy
- Biotherapy
- Radiation

American Cancer Society

Prioritization Schema

Diagnoses:

head and neck

esophagus

GI tract (pancreas,
gastric, liver,
gallbladder, duodenum)

lung

co-combinant (gyn,
anal)

In addition:

weight loss

dysphagia

nutrition support

side effect

lab values

wounds, surgery

pediatric

specialty clinics

palliative care, survivorship

Incidence of Interference

>5% to 10%	22%
10% to 20%	26%
>20%	11%

Tchekmedyan MS

Impact of Involuntary Weight Loss on Smooth Muscle

- ↓ Gastric motility
- Delayed gastric emptying
- Slower intestinal transit and motility
- ↓ Cardiovascular responsiveness
- ↓ Cardiovascular compensation

- ↓ Visceral proteins synthesis
 - » ↓ Antibody levels
 - » Altered immune response
 - » ↓ Growth factors
 - » Altered hormones
 - » Altered enzymes

Impact of Involuntary Weight Loss on Skeletal Muscle

- ↑ Fatigue
- ↓ Activity, ADLs
- ↑ Bed rest
- ↑ Risk LE edema, DVT
- ↓ wound healing, decub
- ↑ Risk pulmonary edema
- ↓ Ability to cough
- ↓ Clear secretions
- ↑ Risk of aspiration
- ↑ Risk pneumonia



Malnutrition: Early Intervention is KEY

- 20-80% of CA patients develop malnutrition

Kubrak

- Often related to ultimate cause of mortality

Lammersfeld 2003 ASCO Annual Meeting

- Attempts to reverse severe depletion generally unsuccessful

Van Cutsem

Nutritional Status in Treatment

- Malnutrition as a prognostic indicator
 - weight loss
 - treatment breaks
 - side effects
 - recurrence of disease

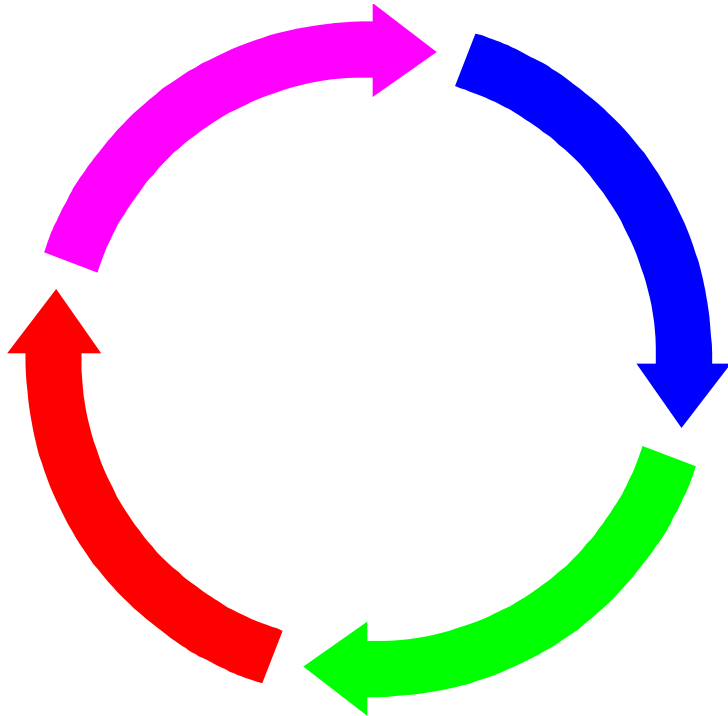
Davies

Good Nutrition

- Decrease complications, infections
- Decrease the impact of treatment side effects
- Speed healing (shorten hospitalizations)
- Decrease costs associated with treatment
- Increase **tolerance to treatment**
- Increase **response to treatment**

Ladas, Davies , Dewys

Protect Quality of Life



- Appetite, enjoyment
- Strength, protection of lean body mass
- Social activities
- Activities of daily living
- Self Image: Changes in appearance
- Control

Oates, Ravasco

Patient Satisfaction is Rated Higher with Nutrition Intervention

<http://www.hcahpsonline.org/home.aspx>

- *The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care (inpatient)*
- Isenring, Capra, Bauer 2004
- Wolcott, Wolosin, Macdonald, Strouse 2008 ASCO Annual Meeting



Malnutrition Happens!

The real question is:

***What is your facility doing
about it?***

Nutrition Screening and Intervention

- The Joint Commission
- Academy for Nutrition and Dietetics
- The Association for Parenteral and Enteral Nutrition (certain diagnoses)
- Oncology Nursing Society
- Association of Community Cancer Centers
- American Institute for Cancer Research (survivors)

Best Practice # 1: Malnutrition Screening Tools “Pros and Cons”

- Patient Generated Subjective Global Assessment (PG SGA)
- Malnutrition Screening Tool (MST)
- Mini Nutrition Assessment (MNA)

Kubrak

Best Practice # 2 :

Oncology Nutrition Referrals

- Malnutrition screening applied to all patients routinely throughout treatment
- Development and implementation of a screening and referral process
- Prioritization of patient care
- Staff education

Best Practice # 3 :

Medical Nutrition Therapy

- Medical Nutrition Therapy = M.N.T.
- Evidence based nutrition American Dietetic Association
- Cost – efficient nutrition care Tchekmedyan
- Aggressive symptom management
Ottery, Isenring, Ravasco

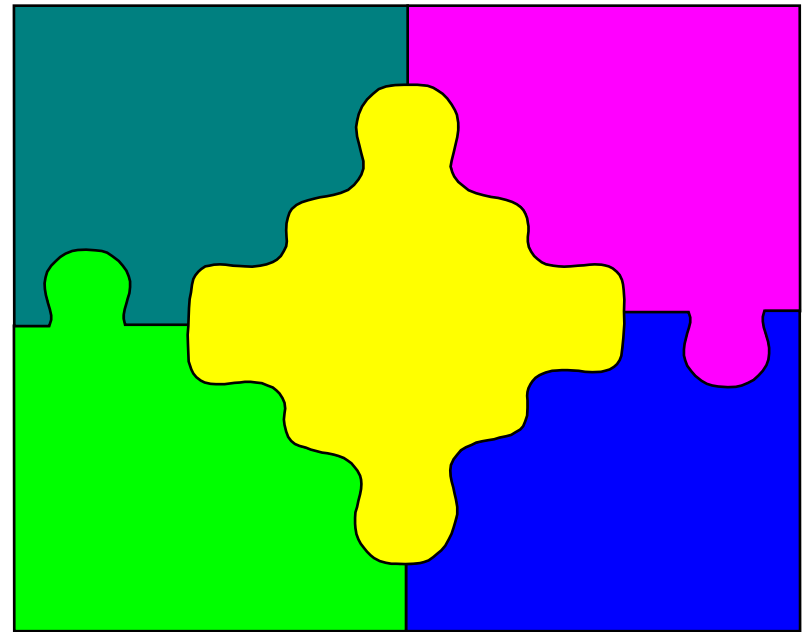
Best Practice # 4 : Access to Oncology Dietitian

- Adequate time for nutrition assessment and intervention
- How to find an Oncology Dietitian
- Specialty training and upskilling for staff Dietitians
- Standards of Practice/Professional Performance for Oncology Dietitians (JADA, Feb 2010)
- C.S.O. board certification examination
(Certified Specialist Oncology Nutrition)

Davies

Best Practice # 5 : Create a “Culture of Nutrition”

- Oncology Dietitians
- Nurses
- Physicians
- Radiation Therapists
- Pharmacists
- Support staff
- Nursing assistants
- Inpatient to Outpatient



Staffing Models

In the Literature

- Managing Human Resources 2010
 - Byham-Gray, 2010
- Clinical staffing
 - Biesemeier, 2004
- Patient nutrition acuity/MNT time
 - Simmons, Vaughan, 1999

What Drives Staffing?

- “Future Scan 2012-2022”
 - Rhea, Betelles , 2012
- Benchmarking in other nutrition practices
 - DNS, Intensive care, renal, DB
- Facilities develop their own:
 - Scope of practice
 - Use of MNT
 - Standards of care
 - Establish own data “RVU”s

Develop Systems

What makes a system?

- Policies and procedures
- Standards of care
- Standardize the services
- Nutrition protocols
- Order sets
- Nutrition algorithms
- Monitoring services: Performance Improvement

Turn Numbers into Data and FTE

Performance Improvement

- Measure = Numbers
- Don't forget to capture quality of life...Powerful info
- Ask if they benefited from a nutrition visit?
- Ask if they would have liked to have seen a dietitian while in treatment?
- Ask if they would like to have more???? (e.g. survivorship information, classes, education, contacts, patient visits, samples)

Don't Forget To Capture:

- How many days patients waited
- How many were NOT seen at all
- How many were seen LATE
- How many additional would have been seen IF THEY WERE NOT SEEN LATE on the last visit
- How many received a sub-optimal visit (i.e. chart review vs. contact)
- Estimated additional services NOT YET OFFERED
- Consider data on services held off or not required (IV hydration, admissions)

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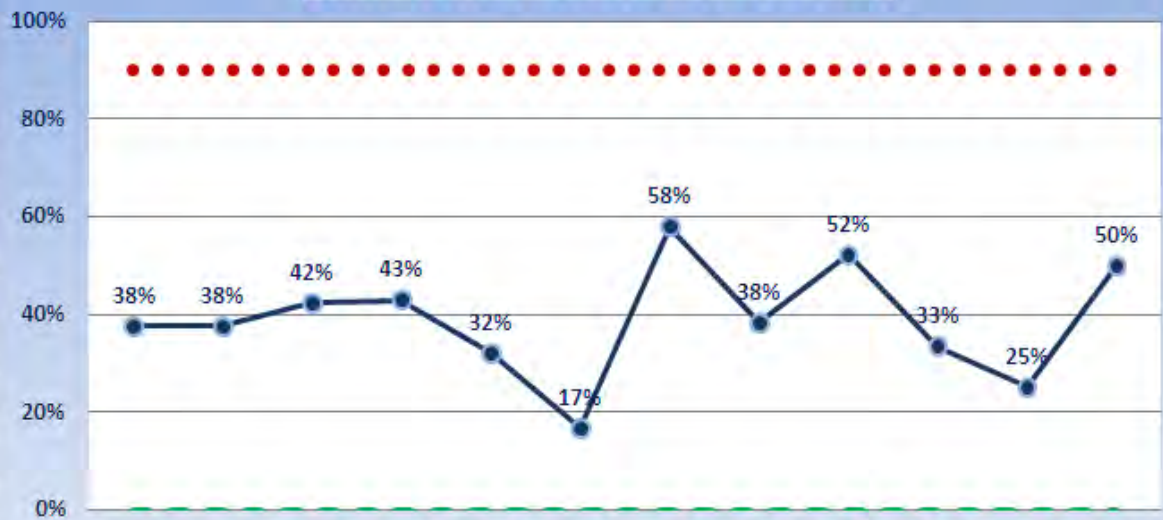
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Baseline Period: 1/1/2011 - 12/31/2011 Baseline Data: Target: 90%

Western sites malnutrition screen completed



••• Target ● Performance - - - Baseline

Solutions/Interventions	When	Who
-------------------------	------	-----

	n	d	Baseline	Target	%
Jan-11	16	10		90%	38%
Feb-11	24	15		90%	38%
Mar-11	52	30		90%	42%
Apr-11	35	20		90%	43%
May-11	25	17		90%	32%
Jun-11	30	25		90%	17%
Jul-11	38	16		90%	58%
Aug-11	34	21		90%	38%
Sep-11	23	11		90%	52%
Oct-11	12	8		90%	33%
Nov-11	4	3		90%	25%
Dec-11	16	8		90%	50%

Tools and Resources to Develop Oncology Nutrition Skill Sets

Academy of Nutrition and Dietetics

- Evidence Analysis Library Oncology section
- Oncology Nutrition Toolkit
- *Journal of the Academy of Nutrition and Dietetics*: Standards of Practice/SOPP for RDs in Oncology Nutrition Care
- Commission on Dietetic Registration specialty practice exam for oncology nutrition: C.S.O.

Oncology Nutrition Dietetic Practice Group

- Oncology Nutrition DPG website
- *Oncology Nutrition Connection* newsletter
- Oncology Nutrition DPG listserv
- *New Clinical Guide* (upcoming)
- *Complete Resource Kit for Oncology Nutrition*(upcoming)



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- [Nutrition Care Process](#)



- [Questions](#)
- [Evidence Summaries](#)
- [Worksheets](#)
- [Recommendations](#)
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- [Other](#)

Recommendations

1. [Oncology \(Onc\) Esophageal Cancer: Chemoradiation and Medical Nutrition Therapy \(MNT\)](#)
2. [Oncology \(Onc\) Esophageal Cancer: Chemoradiation and Use of Parenteral Nutrition](#)
3. [Oncology \(Onc\) Esophageal Cancer: Chemoradiation and Use of Enteral Nutrition](#)
4. [Oncology \(Onc\) Head and Neck Cancer: Chemoradiation and Determination of Resting Energy Expenditure \(REE\)](#)
5. [Oncology \(Onc\) Head and Neck Cancer: Radiation and Use of Enteral Nutrition \(EN\)](#)
6. [Oncology \(Onc\) Hematological Malignancies \(HCT\): Use of Parenteral Nutrition](#)
7. [Oncology \(Onc\) Hematological Malignancies \(HCT\): Use of Oral Glutamine](#)
8. [Oncology \(Onc\) Hematological Malignancies \(HCT\): Determination of Protein Needs](#)
9. [Oncology \(Onc\) Breast Cancer: Radiation and Use of Antioxidant Vitamin E Oral Supplement](#)
10. [Oncology \(Onc\) Hematological Malignancies \(HCT\): Determination of Calorie Needs](#)
11. [Oncology \(Onc\) Head and Neck cancer: Radiation and Medical Nutrition Therapy \(MNT\)](#)
12. [Oncology \(Onc\) Colorectal Cancer: Radiation and Medical Nutrition Therapy \(MNT\)](#)
13. [Oncology \(Onc\) Head and Neck Cancer: Radiation and Use of Medical Food Supplement](#)
14. [Oncology \(Onc\) Breast Cancer: Chemotherapy: Determination of Resting Energy Expenditure](#)



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Questions

Evidence Summaries

Worksheets

Recommendations

Topics

Other

Evidence Summaries

1. [Is medical nutrition therapy \(MNT\) provided by a nutrition professional effective in adult cancer patients receiving radiation treatment?](#)
2. [Is medical nutrition therapy \(MNT\) provided by a nutrition professional as part of multi-modal therapy effective in adult oncology patients receiving chemotherapy treatment?](#)
3. [What evidence suggests a relationship between nutrition intervention by a dietitian to improve nutritional intake \(protein and kcals\) and the reduction of side effects associated with radiation therapy for head and neck cancer?](#)
4. [Is medical nutrition therapy \(MNT\) provided by a nutrition professional effective in adult oncology patients receiving chemotherapy treatment?](#)
5. [Soluble Fiber: Diet Changes and improved tolerance, recovery and complications from anticancer therapy and treatment](#)
6. [Protein, Intervention by a Dietitian and Chemoradiation Therapy: Esophageal Cancer](#)
7. [Is medical nutrition therapy \(MNT\) provided by a nutrition professional as part of multi-modal therapy effective in adult oncology patients receiving radiation treatment?](#)
8. [Validity and Reliability of the Malnutrition Screening Tool \(MST\) in Adult Patients in Acute Care and Hospital-based Ambulatory Care Settings](#)



EBP: Oncology Toolkit (Electronic format)

Implement evidence-based practice and the Academy Nutrition Care Process! This toolkit is designed to assist the registered dietitian in applying the *Academy Oncology Evidence-Based Nutrition Practice Guideline*. The toolkit includes resources such as the MNT summary of recommendations for various cancer types, MNT encounter process, progress note documentation forms, head and neck cancer case study, patient education list, professional resource list, patient library recommendations, outcomes monitoring forms, survivorship care plan forms and more. It also incorporates the Academy Nutrition Care Process and Standardized language for patient/client care. Authors: Laura G. Elliott, MPH, RD, CSO, LD and Dianne E. Kiyomoto, RD, CSO. Publication 2010.

[View Toolkit Table of Contents and Sample Forms](#)

[Download Instructions](#): Upon completion of purchase, a receipt will be e-mailed. Click on the word DOWNLOAD; select DOWNLOAD ZIP FILE; click SAVE and save the zip folder to your computer. File size: 42 documents/300 pages/1,258 KB

ITEM: EAL612

Price: \$50.00

Member Price: \$20.00

 Add To Cart

Oncology Toolkit

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1. Overview of Oncology Toolkit
2. Medical Nutrition Therapy Protocol Forms for Implementing Oncology Evidence-Based Nutrition Practice Guideline
 - a. Medical Nutrition Therapy Summary Page for Breast Cancer
 - b. Medical Nutrition Therapy Summary Page for Colorectal Cancer
 - c. Medical Nutrition Therapy Summary Page for Esophageal Cancer
 - d. Medical Nutrition Therapy Summary Page for Gastric Cancer
 - e. Medical Nutrition Therapy Summary Page for Head and Neck Cancer
 - f. Medical Nutrition Therapy Summary Page for Hematologic Malignancies
 - g. Medical Nutrition Therapy Summary Page for Lung Cancer
 - h. Medical Nutrition Therapy Summary Page for Pancreatic Cancer
 - i. Medical Nutrition Therapy Flowchart of Encounters for Oncology
 - j. Medical Nutrition Therapy Encounter Process for Oncology
3. Documentation Forms
 - a. Instructions for Medical Nutrition Therapy Sample Referral Form
 - b. Sample Referral Form: Referral for Medical Nutrition Therapy
 - c. Medical Nutrition Therapy Oncology Initial Progress Note
 - d. Medical Nutrition Therapy Oncology Follow-Up Progress Note
 - e. Examples of Oncology Nutrition Diagnosis PES Statements
 - f. Sample Initial Documentation Note: Head and Neck Cancer Case
 - g. Sample Follow-Up Documentation Note: Head and Neck Cancer Case

Fluid intake

See *ON Toolkit: Appendix 1: Patient Education Materials: Fluids and Dehydration* section

See *ON Toolkit: Appendix 2: Professional Clinical References: Management of Nutrition Impact Symptoms in Cancer and Education Handouts*

Patient is able to state reason for maintaining adequate hydration during cancer treatment

Patient or caregiver is able to identify signs and symptoms of dehydration

Patient is able to state the daily goal of drinking at least 48-64 fluid ounces daily

Patient is able to state the reason for drinking more fluids if experiencing diarrhea

Patient can name several sources of fluids currently available at home.

Patient drinks adequate amounts of total fluids daily to keep saliva thin and to prevent dehydration

Patient is able to avoid emergency intravenous hydration

Patient is able to avoid interruption of planned treatment schedule.

Nutrition Counseling

Behavior therapy

See *ON Toolkit: Appendix 2: Professional Clinical References: Integrative Therapies* section; [Recipes](#) section

PEARL #3

(Concept of “Food is Medicine” and changing one’s attitude about eating.) *Regardless of the ‘taste’ of any food you try to eat, your body needs the nourishment from foods. Eating is an important part of your treatment in which you have the control. Think of your food as your “medicine”. Your body needs it and do not let its “taste” prevent you from eating. Most medicines are not made only to ‘taste good’.*

Patient or caregiver can alter food choices when experiencing difficulty eating due to nausea, diarrhea or constipation.

Patient or caregiver is able to locate recipes and resources for use, when nutrition impact symptoms cause difficulty eating during treatment.

EXAMPLE

from the association

American Dietetic Association: Revised Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care

Kim Robien, PhD, RD, CSO, LD, FADA; Lori Bechard, MEd, RD, LDN; Laura Elliott, MPH, RD, CSO, LD; Nicole Fox, RD, LMNT; Rhone Levin, MEd, RD, CSO, LDN; Sarah Washburn, MS, RD, CSO

STANDARD 1: NUTRITION ASSESSMENT

Registered dietitians (RDs) use accurate and relevant data and information to identify nutrition-related problems.

Rationale: Nutrition assessment is the first of four steps of the Nutrition Care Process. Nutrition assessment is a systematic process of obtaining, verifying, and interpreting data to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals or groups for nutritional risk factors. Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs. It provides the foundation for nutrition diagnosis, the second step of the Nutrition Care Process.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT

Bold font indicators are ADA Core RD Standards of Practice Indicators

The "X" signifies the indicators for the level of practice

Each RD in Oncology Nutrition Care:

			Generalist	Specialty	Advanced
1.1	Evaluates dietary intake for factors that affect health and conditions including nutrition risk		X	X	X
	1.1A	Evaluates adequacy and appropriateness of food, beverage, and nutrient intake (eg, macro- and micronutrients, meal patterns, textures, fluids, and food allergies)	X	X	X
	1.1A1	Considers past, as well as present, intake and practices	X	X	X
	1.1A2	Considers the individual's stage in the cancer continuum and/or comorbid conditions	X	X	X
	1.1B	Evaluates adequacy and appropriateness of current diet prescription	X	X	X
	1.1B1	Considers the individual's stage in the cancer continuum and/or comorbid conditions	X	X	X
1.2	Evaluates health and disease condition(s) for nutrition-related consequences		X	X	X

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION Bold font indicators are ADA Core RD Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
<i>Each RD in Oncology Nutrition Care:</i>		Generalist	Specialty	Advanced
3.5	Determines client-focused goals and expected outcomes	X	X	X
	Defining considerations of the intervention plan may expand but are not limited to include:			
3.5A	Intervention plan to address current issues and educational needs (eg, nausea, vomiting, diarrhea, weight change)	X	X	X
3.5B	Anticipation of acute/active (eg, mucositis, nausea), delayed/late emerging (eg, diarrhea, weight loss) or late effects of treatments (eg, malabsorption due to chronic radiation enteritis, growth failure, osteoporosis)		X	X
3.5C	Plans nutrition interventions with the goal of minimizing treatment-related side effects, treatment delays, and the need for hospital admissions		X	X
3.6	Details the nutrition prescription	X	X	X
3.7	Defines time and frequency of nutrition care	X	X	X
3.8	Utilizes standardized language for describing interventions	X	X	X
3.9	Identifies resources to provide optimal oncology nutrition care (including the ADA Oncology Nutrition Toolkit) and/or makes referrals as needed (eg, swallow evaluation, physical therapy, social work, behavioral therapy)	X	X	X
<i>Implements the Nutrition Intervention</i>				

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES Bold font indicators are ADA Core RD Standards of Professional Performance Indicators		The “X” signifies the indicator for the level of practice.		
<i>Each RD in Oncology Nutrition Care:</i>		Generalist	Specialty	Advanced
1.1	Provides input and is active in the development of nutrition screening parameters (including guidelines, indicators, and recommendations)	X	X	X
	1.1A Utilizes evidence-based review process to determine oncology specific screening parameters		X	X
	1.1B Evaluates the effectiveness of oncology nutrition screening tools (eg, Patient-Generated Subjective Global Assessment [PG-SGA])		X	X
	1.1C Leads team on changes and process revisions as needed			X
1.2	Audits nutrition screening processes for efficiency and effectiveness	X	X	X
	1.2A Audits oncology nutrition screening process		X	X
	1.2B Analyzes, documents, and reports data from oncology nutrition screening audits			X
1.3	Contributes to and designs referral process and systems to facilitate access to food and nutrition professionals	X	X	X
	1.3A Receives referrals for services from and makes referrals to other nutrition professionals	X	X	X
	1.3B Evaluates the effectiveness of oncology referral tools		X	X
	1.3C Directs and manages referral processes and systems			X
1.4	Collaborates with client to assess needs, background, and resources and to set priorities, establish goals, and create individualized action plans	X	X	X

www.cdrnet.org
C.S.O.!!!!



Oncology Nutrition

 a dietetic practice group of the
Academy of Nutrition
and Dietetics

Oncology Nutrition
Dietetic Practice Group

Website:
oncologynutrition.org

THE BEST RESOURCE

for oncology nutrition
hot topics, networking,
skill development, EML,
newsletter, Symposium,
webinars



Home ▶ Member Benefits

Member Benefits

There is a slight time lag between when you join the ON DPG and when you will have access to the member only section of the web site and receive other member benefits.

- Quarterly issues of Oncology Nutrition Connection (formerly ON-LINE), the peer reviewed publication of the ON DPG. Each issue features a guest author who highlights a specific disease or area of practice in oncology or related interest areas. It features book reviews, information on upcoming meetings, and articles on complementary & integrative medicine, hospice, prevention, pediatrics, and HIV/AIDS.
- Awards, grants, scholarships, and stipends available only to ON DPG members.
- Access to the member only section of this web site, which provides internet access to issues of the newsletter, membership directory for networking, and listing of oncology related continuing education programs.
- Continuing education credits available through reading the peer reviewed articles in the newsletter, Oncology Nutrition Connection. Total of 2 credits per year.
- The opportunity to join the member only Electronic Mailing List. This email based networking tool allows access to over 300 oncology nutrition professionals.
- Oncology-related continuing education programs presented at the Food and Nutrition Conference and Expo.
- Ability to participate in ON DPG projects.
- Networking opportunities.
- Members of the ONDPG can apply for funding for attending a seminar or self-study related to their oncology nutrition practice. To apply for a Professional Development Award grant, please [click here](#).

Navigation Menu:

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Oncology Nutrition Connection

Oncology Nutrition

a dietetic practice group of the
Academy of Nutrition
and Dietetics



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ON DPG Chair Message

It's a mild winter in North Carolina and across many parts of our country. Regardless if you wish for snow or are ready for warmer weather, I hope your new year is off to a great start! Your Executive Committee continues to work on a number of our plans and strategic goals for this year. Most importantly, I know that we'd like to see YOU at our first ever Oncology Nutrition Symposium. Details are outlined below – if you haven't thought about it yet, please consider saving the date and making your plans today. Registration is limited and nearing the halfway mark.



**2012 Oncology Nutrition Dietetic
Practice Group Symposium
New Frontiers in Oncology Nutrition
Dallas, Texas
April 27-28, 2012**

Location

Omni Mandalay Hotel - Las Colinas
221 E. Las Colinas Blvd.
Irving, TX 75039

American Institute for Cancer Research/ World Cancer Research Fund Cancer Research Fund



www.aicr.org

- Recommendations are based on 'convincing' or 'probable' depending on the strength of data
- The 2nd Expert Report 2007
- Continuous Update Reports

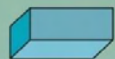
Breast 2010

Colorectal 2011

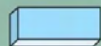
Summary of 'convincing' and 'probable' judgements



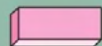
KEY



Convincing decreased risk



Probable decreased risk



Probable increased risk



Convincing increased risk

¹ Includes evidence on foods containing carotenoids for mouth, pharynx, larynx; foods containing beta-carotene for oesophagus; foods containing vitamin C for oesophagus

² Includes evidence on foods containing carotenoids for mouth, pharynx, larynx and lung; foods containing beta-carotene for oesophagus; foods containing vitamin C for oesophagus

³ Includes evidence from supplements for prostate

⁴ Evidence is from milk and studies using supplements for colorectum

⁵ Includes 'fast foods'

⁶ Convincing harm for men and probable harm for women for colorectum

⁷ The evidence is derived from studies using supplements for lung

⁸ Includes evidence on television viewing

⁹ Judgement for physical activity applies to colon and not rectum

Find a Champion p.s. It may be you!

Develop the Culture

Identify a champion:

administration / physician/
nursing / nutrition
department

Join decision makers,
committees, events

Educate staff, update with
current research

Mentor others

Invite requests/ideas

Prepare the “the right moment”



Develop your Elevator Speech

- 2-3 minutes
- Be prepared with relevant “hot topics”
- Simple, to the point
- Be the **nutrition expert**
- What has been accomplished?
- What are the next steps toward your idea/plan?



Motivational Factors to Enhance Your Message

Marketing

- Association
- Bandwagon
- Expert knowledge
- Explicit claims
- Fear
- Testimonial (patient, physician)
- Humor
- Charisma
- “New” or “Only”
- Timing

Communication

- Know your audience
 - Know yourself!
- Change Models
- Innovator 2%
 - Early adopter 14%
 - Early majority 34%
 - Late majority 34%
 - Traditionalist 16%
- Avoid complaining
 - Highlight achievements
 - Network outside department

Share Ideas

“Best Practices”

1. Identify a champion:
administration / physician/
nursing / nutrition department
2. Join decision makers, committees
3. Educate staff, update with current research
4. Perform a needs assessment of the community/ align with agencies/programs outside your facility
5. Procure or develop resources
6. Mentor and train others
7. Invite requests
8. Develop systems:
 - Policies and procedures
 - Standards of care
 - Standardize the services
 - Nutrition protocols,
 - Order sets
 - Nutrition algorithms
9. Gather data: Performance Improvement and Adequacy (for you and your facility)
10. Test and track your systems

Share Ideas

“Best Practices”

11. Be the expert, be a reliable resource and offer services. Keep updated, know the latest info (i.e. READ!)
12. Offer education (articles, interviews, events, classes): patients, staff, community
13. Align and coordinate projects with other facility departments: press, Integrative medicine, community outreach, nursing, pharmacy, PT, SLP, survivorship, research
14. Have a “Presence”
15. Do a walk through, be visible, be present, be friendly
16. CC TV, DVD, J log education
17. Online Webpage/website:
 - 18. You tube
 - 19. Tools for patients/staff “meet” the staff page
 - 20. symptom management resources lists, recipes food ideas

Share Ideas

“Best Practices”

21. Align yourself with facility goals:
CMS new criteria
22. Prepare your “elevator speech”
Gather and practice your talking points:
“nutrition is the most highly valued support service by oncology patients”
“nutrition and support services are a decision driver for which facility to choose for cancer care”
23. Talk “up” the oncology nutrition services:
Among nurses, among physicians, among patients, even in your own relationship with patients
24. Follow up with staff who refer
25. Thank staff for a “good catch” or for referring to nutrition
26. Create excitement, create a buzz, use outside stories and news to develop interest in your center! “Did you hear/read/see.....????”

Share Ideas

“Best Practices”

27. Facility Staff Education:

“hot topics”, new evidence, new guidelines, trends, PI data, annual inservices, products, special populations, etc.

Physicians/NP/PA

Nurses/nursing assistants

Inpatient dietitians

Radiation techs

Administrators/managers

other departments: PT, SLP, rehab

Volunteers



Share Ideas

For the Future...

28. If you or your facility participates in nutrition research:

PLEASE capture if a Registered Dietitian was involved in any way, and document if Medical Nutrition Therapy (MNT) was utilized

For the Future...

29. If you are able to fund or participate in an oncology nutrition staffing pattern survey or **Oncology Nutrition benchmarking survey!!!**

30. Improving reimbursement for oncology nutrition services

Oncology Nutrition Experts!



Resource to the Facility



How Dietitian time saves \$\$\$\$\$\$\$\$\$

- Support services bring in business!
- Effective symptom management protects QOL!
- Save MD/NP/RN time for what they do best!
- Fewer treatment breaks!
- Survivorship nutrition!
- Patient satisfaction is higher when nutrition services are available!



2008 ASCO Annual Meeting, Marin ,Caro

Resource to the Oncology Patient



Encouragement from all sides!

- Empower yourself! Educate! Stay engaged!
- Seek out networking locally / nationally
 - Local dietetic (AND) and nursing (ONS) groups
 - National dietetic (Oncology Nutrition Dietetic Practice Group), and nursing (ONS Nutrition Focus Group), ACCC , ACS, LLS, Livestrong, PAN CAN, US TOO, Komen, ASPEN, Oley Foundation, NCI, AICR

Resources

www.oncologynutrition.org (O.N. D.P.G.)

www.eatright.org (A.N.D.)

www.adaevidencelibrary.com (A.N.D.)

www.cdrnet.org (C.D.R.)

www.cancer.org (ACS)

www.cancer.gov (NCI)

www.cancercare.org (CancerCare)

www.nutritioncare.org (ASPEN)

www.aicr.org (AICR)

Thank you

Questions?



Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

An Education Program from ACCC's Center for Provider Education

Optimizing Enteral Nutrition for Oncology Patients

May 9, 2012, 2:00 PM—3:00 PM EST

Register Now!

Podcasts—Coming Soon!

Strategies for the Nutrition & Supportive Care Needs of Patients with Head and Neck

Cancer Nutrition Symptom Management

Nutrition Guide-Now Available!

Cancer Nutrition Services: A Practical Guide for Cancer Programs

Now available!



Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

An Education Program from ACCC's Center for Provider Education

For more information and resources visit us at
www.accc-cancer.org/nutrition

This project is sponsored by:

